MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

KNEE POST-OPERATIVE SUMMARY SHEET

OTSG APPROVED (Date)

Physical Therapy Clinic USAMEDDAC Fort Meade, MD 20755-5800

SECTION I - BACKGROUND									
Age:	Job:		Date of surgery:	Type of surgery:		Surgeon:			
			SECTION II -	GOAL SUMMARY	CHART				
Goal topics			Test/Measure		Expected date of achievement		Date achieved		
Range of motion		Full extension			1 week*				
	otherwise ed to procedure or	90 degrees flexion			1 week*				
pre-exis	ting contractures.	Full range of motion			3 weeks*				
Strength		Quad set			1-2 days				
		Straight leg raise without lag			1 week				
		30 straight leg raises without lag			2 weeks scope - 3 weeks anterior cruciate ligament (ACL)				
		30 single leg 1/4 squats or control while descending stairs			3 weeks scope - 4-5 weeks	eks ACL			
		Kincom Test 70% uninvolved leg			2 months scope - 3 mor	nths ACL			
		Kincom Test 85% uninvolved leg			3 months scope - 4 mor	nths ACL			
Ambulation		Progressive weight bearing as tolerated per PT/Orthopedics			D/C crutches: 2 weeks scope - 3 weeks ACL				
		30-second single leg stand with eyes open, no touches, minimal sway			3 weeks scope - 4 week	s ACL			
I	-unctional	As above, with eyes closed			4 weeks scope - 5 weeks ACL				
	Running goals	Functional knee tests (see reverse), 50% uninvolved			2 months scope - 4 mor	nths ACL			
may not all.)	t be applicable to	Functional knee t	ests (see reverse), 85	% uninvolved	4 months scope - 5 months ACL				
,		Start return to rur	nning		4-6 weeks scope - 3 mo	nths ACL			
		2-mile run within	standards		3 months scope - 5 mor	nths ACL			

	(Continue on reverse)
PREPARED BY(Signature & Title)	DEPARTMENT/SERVICE/CLINIC DATE Physical Therapy
	т пузісаї тнегару
PATIENT'S IDENTIFICATION (For typed or written entries give: Namelast, first, middle; grade; date; hospital or medical facility)	☐ HISTORY/PHYSICAL ☐ FLOW CHART
	OTHER EXAMINATION OTHER (Specify) OR EVALUATION
	☐ DIAGNOSTIC STUDIES
	TREATMENT

Test Initial: Swelling Range of motion Gait Strength/ Isokinetic Balance Triple hop for distance Single hop for distance Cross-over hop for 6 meters Vertical jump Total Gym Functional Testing Grid. Key: LAL=left anterior lateral; LPL=left posterior lateral; RAL=right anterior Gym Functional Testing Grid.) SECTION IV	R:	R: L: R: L: R: L: R: L: R:	R: L: R: L: R: L: R: L: R: L: R: R: R: L: R:
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